

WEST SIDE CENTER PROVIDER #: 46G017 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
4028 SOUTH 4800 WEST PHONE NUMBER: (801) 968-8122 TOTAL: 16  
WEST VALLEY CITY UT 84120 PARTICIPATION DATE: 12/11/1987 CERTIFIED: 16 TYPE OWNERSHIP: PRIVATE NON PROFIT  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 11/30/2004	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 16
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TOTAL: 15	BEGINNING: 02/01/2005	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 11/30/2005	-- ---- -- ----
MEDICAID: 0	EXTENSION:	
OTHER: 0	ADMISSION SUSPENDED:	16
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - 01/03/2005

PRIOR 3 SURVEY 11/2001	PRIOR 2 SURVEY 12/2002	PRIOR 1 SURVEY 10/2003	CURRENT SURVEY 11/30/2004	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
X	X				STD W0109-COMPLIANCE WITH SANITATION LAWS
	X				STD * W0242-PROGRAM PLAN INCLUDES TRAINING IN PERSONAL SKILLS
		X	X C	12/17/2004	STD * W0249-ACTIVE TREATMENT PROGRAM IMPLEMENTED WHEN IPP FORMULATED
			X C	12/15/2004	STD W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS
X					STD W0339-NURSING SERVICES INCLUDES OTHER CARE AS PRESCRIBED BY PHY
X					STD W0365-INDIVIDUAL MEDICATION ADMINISTRATION RECORD MAINTAINED
	X				STD W0389-LABELS INCLUDE ACCESSORY & CAUTIONARY INSTRUCTIONS
	X				STD W0390-OUTDATED DRUGS REMOVED FROM USE
		X	X C	12/08/2004	STD W0429-FACILITY MAINTAINS NORMAL TEMPERATURE, HUMIDITY
	X				STD * W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
	X				STD W0463-INTERDISCIPLINARY TEAM PRESCRIBES MODIFIED, SPECIAL DIET
X					STD W0488-CLIENTS EAT IN MANNER CONSISTENT WITH DEVELOPMENT LEVEL

EDITION OF LSC APPLIED  
1985 1985 2000 EXIS2000 EXIS  
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE  
SURVEY SURVEY SURVEY SURVEY OF CORRECTION  
11/2001 12/2002 10/2003 11/30/2004  
X  
X F 12/14/2004  
LSC DEFICIENCIES - BLDG NO. 01  
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS  
K0056-AUTOMATIC SPRINKLER SYSTEM

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	4	1	6	5
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	0	2	0
HEALTH TOTAL	3	1	6	4
LIFE SAFETY CODE	1	0	0	1
LIFE SAFETY CODE + HEALTH	4	1	6	5

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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09/21/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY